Application for Reactivation of an Iowa Establishment

Iowa Board of Mortuary ScienceIowa Department of Public Health/Professional Licensure Bureau

YOU MAY $\underline{\text{NOT}}$ PROVIDE ANY ASPECT OF MORTUARY SCIENCE AT THIS ESTABLISHMENT UNTIL THS LICENSE IS REACTIVATED

A \$150 reactivation fee must accompany this application

	heck one box only. A separat	te reactivation i	is required for ea	ch establishment or crematory.		
1. 	Funeral Home Establish	nment License	e. Est	tablishment License Number	***************************************	
[Cremation Establishme	ent License.	Es	tablishment License Number		
2. Preparation Room On-Si	ite Yes		☐ No			
3.			4.			
Name of Funeral Establishment or Cremation Establishment			Telephone Number			
Owners Name			Alternate Telephone Number			
Corporation Name (if applicable)			E-mail Address (optional)			
(Physical) Address of Funeral Home or Cremation Establishment			Business Mailing Address (if different from the physical address)			
City	State Zip		City	State	Zip	
 5. Check one of the following Sole Proprietorship Partnership 6. Name and Address of every 	☐ Corporation ☐ Limited Liability			ional Corporation (If necessary attach additional		
Name	Title and Position with the Establishment	Address		City/Zip	or If C	Security No. orporation ayer ID #
The following questions must be answered. If you answer "Yes" to question #6 – #11 below, (1) attach a signed letter of e the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You even when a conviction or judgment has been deferred or expunged from your record. 7. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)? 8. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?					Yes Yes	No No
9. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).					Yes	No
10. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).						No

reasonable skill and safety? (If you are currently a p answer "NO" to this question.)		our ability to practice your profession with ed Practitioner Review Committee, you may	Yes No
12. Been engaged in illegal or improper use of drugs participant in the Impaired Practitioner Review Commi			Yes No
13. Name and License Number of all funeral directors		shment. (If necessary attach additional sheet)	
Name	License #	Name	Licen
If funeral directors are not employed by the establishm establishment has with a funeral director and provide the			type of arrangen
the application is pending. I also understand that this	application is a public		r 22 and that app
	s application is a public exceptions contained verify the information Code Chapters 252J, 20 re of your Social Secu umber will be used in	record in accordance with Iowa Code, Chapter in Iowa law. Finally in submitting this appl I have provided on or in conjunction with the conjunction with the conjunction with the connection with the collection of child supplied to the children with the collection with the co	r 22 and that app plication, I con his application. Information will equired by 42 Uport obligations
the application is pending. I also understand that this information is public information, subject to the any reasonable inquiry that may be necessary to various information is collected pursuant to Iowa C in license denial. Privacy Act Notice: Disclosur § 666(a)(13) and Iowa Code § 252J.8(1). The nuan internal means to accurately identify licensees.	s application is a public exceptions contained verify the information Code Chapters 252J, 20 re of your Social Secumber will be used in a and may be shared w	record in accordance with Iowa Code, Chapter in Iowa law. Finally in submitting this appl I have provided on or in conjunction with the conjunction with the conjunction with the connection with the collection of child supplied to the children with the collection with the co	r 22 and that app plication, I con his application. Information will equired by 42 Uport obligations
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Mail the original completed application, <u>not a photocopy</u> to:

Iowa Board of Mortuary Science IDPH/Bureau of Professional Licensure Lucas State Office Bldg., 5th Floor Des Moines, Iowa 50319-0075

www.idph.state.ia.us/licensure

For Office Use: Reactivation	
Fee Received:	
Approved:	
Denied:	
Staff Initials:	_
Reactivation Date:	